

|   |                      |                        |
|---|----------------------|------------------------|
| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS<br/>Application</b><br><br>Address to: Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number   | 10/565,211-Conf. #9175 |
|   | Filing Date          | October 30, 2006       |
|   | First Named Inventor | Rajiv Indravadan Modi  |
|   | Art Unit             | 1645                   |
|   | Examiner Name        | R. P. Swartz           |
|   | Attorney Docket No.  | 21059/0206916-USO      |

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number: 07278

**OR**

|  |  |       |  |       |  |
|--|--|-------|--|-------|--|
| <input type="checkbox"/> Firm or Individual Name |  |       |  |       |  |
| Address  |  |       |  |       |  |
| City   |  | State |  | Zip   |  |
| Country  |  |       |  |       |  |
| Telephone  |  |       |  | Email |  |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 44,085.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number .

|  |   |
|--|---|
| Signature <span style="float: right;">/Marie Collazo/</span>           |   |
| Typed or Printed Name <span style="float: right;">Marie Collazo</span> |   |
| Date <span style="float: right;">December 4, 2008</span>               | Telephone <span style="float: right;">(212) 527-7700</span> |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.